

<i>SERFF Tracking Number:</i>	<i>AGNY-125357351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-10</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Design Professionals Association Risk Purchasing Group Program</i>		
<i>Project Name/Number:</i>	<i>Design Professionals Association/AIC-07-EO-10</i>		

## Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Design Professionals Association Risk Purchasing Group Program SERFF Tr Num: AGNY-125357351 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1019 Professional Errors & Omissions Liability SERFF Status: Closed

Filing Type: Rate

Co Tr Num: AIC-07-EO-10

Co Status:

Author: Monique Myers

Date Submitted: 11/19/2007

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 11/21/2007

Disposition Status: Filed

Effective Date (New): 12/20/2007

Effective Date (Renewal): 12/20/2007

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

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Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name: Design Professionals Association

Project Number: AIC-07-EO-10

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 11/21/2007

State Status Changed: 11/21/2007

Corresponding Filing Tracking Number:

Filing Description:

New Hampshire Insurance Company (the "Company") has on file with your Department its Design Professionals Risk Purchasing Group Program. The Company submits, for your review and approval, its rates to be used with this Program. Please be advised that this filing replaces the rates currently on file with your Department.

Please refer to the attached actuarial materials for information about the rates included in this submission.

SERFF Tracking Number: AGNY-125357351 State: Arkansas  
 Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: AIC-07-EO-10  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
 Product Name: Design Professionals Association Risk Purchasing Group Program  
 Project Name/Number: Design Professionals Association/AIC-07-EO-10

## Company and Contact

### Filing Contact Information

Monique Myers, Filings Analyst Monique.Myers@AIG.com  
 175 Water Street (212) 458-6346 [Phone]  
 New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania  
 70 Pine Street Group Code: Company Type:  
 New York, NY 10270 Group Name: State ID Number:  
 (212) 770-7000 ext. [Phone] FEIN Number: 02-0172170  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$100.00 per Rate Filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$100.00	11/19/2007	16712910

*SERFF Tracking Number:*      *AGNY-125357351*      *State:*      *Arkansas*  
*Filing Company:*      *New Hampshire Insurance Company*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *AIC-07-EO-10*  
*TOI:*      *17.1 Other Liability - Claims Made Only*      *Sub-TOI:*      *17.1019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Design Professionals Association Risk Purchasing Group Program*  
*Project Name/Number:*      *Design Professionals Association/AIC-07-EO-10*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Edith Roberts	11/21/2007	11/21/2007
Filed	Edith Roberts	11/21/2007	11/21/2007

<i>SERFF Tracking Number:</i>	<i>AGNY-125357351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-10</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Design Professionals Association Risk Purchasing Group Program</i>		
<i>Project Name/Number:</i>	<i>Design Professionals Association/AIC-07-EO-10</i>		

## Disposition

Disposition Date: 11/21/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: Previous disposition inadvertently was submitted with "Disapproved" in Item status...slip of mouse! Thanks...corrected.

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
New Hampshire Insurance Company	0.000%	\$0	2	\$12,162	24.200%	%	%

*SERFF Tracking Number:*      *AGNY-125357351*      *State:*      *Arkansas*  
*Filing Company:*      *New Hampshire Insurance Company*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *AIC-07-EO-10*  
*TOI:*      *17.1 Other Liability - Claims Made Only*      *Sub-TOI:*      *17.1019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Design Professionals Association Risk Purchasing Group Program*  
*Project Name/Number:*      *Design Professionals Association/AIC-07-EO-10*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Rate</b>	Arkansas Rate Pages	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>AGNY-125357351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-10</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Design Professionals Association Risk Purchasing Group Program</i>		
<i>Project Name/Number:</i>	<i>Design Professionals Association/AIC-07-EO-10</i>		

## Disposition

Disposition Date: 11/21/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
New Hampshire Insurance Company	0.000%	\$0	2	\$12,162	24.200%	%	%

*SERFF Tracking Number:*      *AGNY-125357351*      *State:*      *Arkansas*  
*Filing Company:*      *New Hampshire Insurance Company*      *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *AIC-07-EO-10*  
*TOI:*      *17.1 Other Liability - Claims Made Only*      *Sub-TOI:*      *17.1019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Design Professionals Association Risk Purchasing Group Program*  
*Project Name/Number:*      *Design Professionals Association/AIC-07-EO-10*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Rate</b>	Arkansas Rate Pages	Filed	Yes

SERFF Tracking Number:	AGNY-125357351	State:	Arkansas
Filing Company:	New Hampshire Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	AIC-07-EO-10		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1019 Professional Errors & Omissions Liability
Product Name:	Design Professionals Association Risk Purchasing Group Program		
Project Name/Number:	Design Professionals Association/AIC-07-EO-10		

## Rate Information

Rate data applies to filing.

### Filing Method:

### Rate Change Type:

Neutral

### Overall Percentage of Last Rate Revision:

Neutral

### Effective Date of Last Rate Revision:

01/17/2003

### Filing Method of Last Filing:

Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
New Hampshire Insurance Company	%	0.000%	\$0	2	\$12,162	24.200%	%

<i>SERFF Tracking Number:</i>	<i>AGNY-125357351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-10</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Design Professionals Association Risk Purchasing Group Program</i>		
<i>Project Name/Number:</i>	<i>Design Professionals Association/AIC-07-EO-10</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Arkansas Rate Pages 2		Replacement	093-095 ARKANSAS- LEATZOW-Rate Page-11-05-2007.pdf

**NEW HAMPSHIRE INSURANCE COMPANY**  
**Landscape Architects, Irrigation Designers, and Planners**  
**Professional Liability Insurance Policy - Claims Made Rating Program**  
**ARKANSAS**

**ELIGIBILITY CRITERIA**

Membership in Design Professionals Association Risk Purchasing Group, Inc.

**LIMITS OF INSURANCE**

\$ 100,000 per claim/\$ 100,000 policy aggregate  
\$ 250,000 per claim/\$ 250,000 policy aggregate  
\$ 500,000 per claim/\$ 500,000 policy aggregate  
\$1,000,000 per claim/\$1,000,000 policy aggregate  
\$2,000,000 per claim/\$2,000,000 policy aggregate  
\$3,000,000 per claim/\$3,000,000 policy aggregate  
\$4,000,000 per claim/\$4,000,000 policy aggregate  
\$5,000,000 per claim/\$5,000,000 policy aggregate

**DEDUCTIBLES**

\$ 2,500 per claim (minimum deductible)  
\$ 5,000 per claim  
\$10,000 per claim  
\$25,000 per claim

**RATING BASIS**

1. Member: Professional possessing an undergraduate degree or its equivalent;  
Three years or more experience and licensure (where applicable)
2. Associate: Professional with less than three years work experience. Professional  
Without an undergraduate degree or its academic equivalent.

**BASE RATES AT \$100,000 PER CLAIM/\$100,000 AGGREGATE WITH 2,500 DEDUCTIBLE**

**Planners**

\$509 per "Member" employed by the insured.  
\$901 per "Associate" employed by the insured.

**Landscape Architects and Irrigation Designers**

\$549 per "Member" employed by the insured.  
\$940 per "Associate" employed by the insured.

**BASE RATE ACCREDITATION CREDIT**

5% per "Member and "Associate" belonging to commonly recognized professional societies of having  
completed a professional continuing education program.

**INCREASED LIMITS AND DEDUCTIBLE RATING TABLE**

<u>Deductible</u>	<u>Limits of Liability (000's)</u>							
	<u>100/100</u>	<u>250/250</u>	<u>500/500</u>	<u>1000/1000</u>	<u>2000/2000</u>	<u>3000/3000</u>	<u>4000/4000</u>	<u>5000/5000</u>
\$2,500	1.000	1.389	1.667	1.861	2.795	3.486	3.958	4.323
\$5,000	0.750	1.139	1.417	1.611	2.545	3.236	3.708	4.073
\$10,000	0.640	1.029	1.307	1.501	2.435	3.126	3.598	3.963
\$25,000	0.500	0.889	1.167	1.361	2.295	2.986	3.458	3.823

<i>SERFF Tracking Number:</i>	<i>AGNY-125357351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-10</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Design Professionals Association Risk Purchasing Group Program</i>		
<i>Project Name/Number:</i>	<i>Design Professionals Association/AIC-07-EO-10</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Filed	11/21/2007
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**Comments:**

**Attachment:**

Property & Casualty Transmittal Doc - AR.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	11/21/2007
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**Bypass Reason:** N/A

**Comments:**

<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	11/21/2007
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**Comments:**

**Attachment:**

NAIC Loss Cost Data Entry Doc - AR.pdf

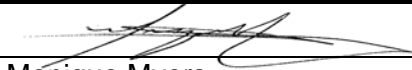
## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
New Hampshire Insurance Company	PA	012-23841	25-0687550		

<b>5. Company Tracking Number</b>	
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Monique Myers 175 Water Street, 17 <sup>th</sup> Floor New York, NY 10038	Filing Analyst	(212) 458-6346	(212) 458-7055	<a href="mailto:Monique.Myers@aig.com">Monique.Myers@aig.com</a>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>		Monique Myers		

## Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Other Liability			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Professional Liability			
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	December 20, 2007	Renewal:	December 20, 2007
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>	N/A			
<b>17. Reference Organization # &amp; Title</b>	N/A			
<b>18. Company's Date of Filing</b>	November 19, 2007			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	<b>This filing transmittal is part of Company Tracking #</b>	AIC-07-EO-10
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

New Hampshire Insurance Company (the “Company”) has on file with your Department its Design Professionals Risk Purchasing Group Program. The Company submits, for your review and approval, its rates to be used with this Program. Please be advised that this filing replaces the rates currently on file with your Department.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: EFT</b> <b>Amount: \$100.00</b></p> <p><b>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AIC-07-EO-10
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	AIC-07-EO-10
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)		

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>					
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>					
<b>Company Name</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
New Hampshire Insurance Company	0.0%	\$0	2	\$12,162	24.2%	N/A
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>					
<b>Company Name</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change</b>	<b>Minimum % Change</b>

<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
<b>5a.</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5b.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5c.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	Original Filing
<b>7.</b>	<b>Effective Date of last rate revision</b>	01/17/03
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	

<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

# NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	AIC-07-EO-10
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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	Company Name	Company NAIC Number
3.	A. <b>New Hampshire Insurance Company</b>	B. <b>23841</b>

	Product Coding Matrix Line of Business (i.e., Type of Insurance)	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. <b>17/Other Liability</b>	B. <b>Landscape Architects, Irrigation Designers and Planners Professional Liability</b>

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
<b>All</b>	<b>2.77%</b>	<b>0.00%</b>					
TOTAL OVERALL EFFECT							

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
<b>2002</b>							<b>0.000</b>
<b>2003</b>	<b>3</b>	<b>original</b>	<b>01/17/03</b>	<b>0</b>	<b>0.0</b>	<b>0.000</b>	<b>0.039</b>
<b>2004</b>	<b>3</b>			<b>18</b>	<b>0.0</b>	<b>0.000</b>	<b>0.363</b>
<b>2005</b>	<b>3</b>			<b>3</b>	<b>0.0</b>	<b>0.000</b>	<b>0.268</b>
<b>2006</b>	<b>2</b>			<b>10</b>	<b>6.2</b>	<b>0.630</b>	<b>0.967</b>

7.

Expense Constants	Selected Provisions
A. Total Production Expense	<b>13.2%</b>
B. General Expense	<b>1.7%</b>
C. Taxes, License & Fees	<b>2.9%</b>
D. Underwriting Profit	<b>-0.3%</b>
& Contingencies	
E. Other (explain)	
F. TOTAL	<b>17.5%</b>

8.

Apply Loss Cost Factors to Future filings? (Y or N)

9. 24.2% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):

10. -14.9% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):